

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027551

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 55

Primary Registration District No. 5196

Registrar's No. 72

FILED AUG 5 1963

VS 300  
Rev. 4/59

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1 0170  
2 0170  
3 1  
4 0  
5 1  
6  
7 0  
8 2  
9 4201  
10  
11  
12 90-0  
13 20

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

USE BLACK INK

OR

TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> , COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bosworth</u>		c. CITY OR TOWN <u>Bosworth Missouri.</u>	
Length of stay in lb <u>6 1/2 years</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home 4 Mile W Bosworth</u>		d. STREET ADDRESS (If outside, give location) <u>Bosworth, Mo. RFD.</u>	
3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>CLAY</u> Last <u>DEAN.</u>		4. DATE OF DEATH Month <u>July</u> Day <u>22nd</u> , Year <u>1963.</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/10/1902</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Livestock &amp; Grain</u>	
13a. FATHER'S NAME <u>John Edward Dean</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Allamong.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT <u>Mrs Edith Dean Bosworth, Mo. RFD</u>	
18. CAUSE OF DEATH (Enter only one cause per item 18. (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute coronary occlusion</u> DUE TO (b) <u>arteriosclerosis.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>0</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from _____ 1950 to _____ July 22-63 and last saw him alive on _____ May 18-63. Death occurred at _____ 3 A.M. _____ on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>7/22/63</u>	
22a. SIGNATURE <u>Joseph T. Gale</u> (Degree or title) <u>med.</u>		22b. ADDRESS <u>Chillicathe, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/24/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BigCreek Emetery</u>	23d. LOCATION (City, town, or county) (State) <u>Bosworth, Missouri.</u>
24. FUNERAL DIRECTOR <u>Clifford W. Austin, F H Tina, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-26-63</u>	26. REGISTRAR'S SIGNATURE <u>Mary Dean</u>

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Clifford W. Austin*  
Clifford W. Austin.

Licensed Embalmer No. #3233.

P. O. Address Tina, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.